

National Pollutant Discharge Elimination System (NPDES) CSO Discharge Monitoring Report (CSO DMR) State Form 50546 (R9-01)

City:		City of West Lafayette, Indiana											1	of	2								
Facility: Wastewater Treatment Utility									Page: 1 of 2 Permit Number: IN0024821														
Monitoring Period: (MM/DD/YY to MM/DD/YY)					4/1/2006 to 4/30/06						Check box	month:											
Design Peak Inf. Flow (MGD): 18											or Estimate	Check box if no CSO dischage occurred for the or Estimated (E) must be specified. (Please attact											
					CSO Outfall No. 007						CSO Outfall No. 003						CSO Outfall No.				004		
			Influent	Peak Infl.	Time	Event		Event	М	Time		Event	М	Event	М	Time	м	Event	М	Event	М		
Day of Month	Day of Week	Precip. in Inches	Flow (MGD)	Flow Rate (MG)	Discharge Began	or E	Duration (Hours)	M or E	Discharge (MG)	or E	Discharge Began	M or E	Duration (Hours)	or E	Discharge (MG)	or E	Discharge Began	or E	Duration (Hours)	or E	Discharge (MG)	or E	
1	Sa	0.08	8.30	13.00		m		m		m		m		m		m		m		m		m	
2	Su		10.04	30.00		m		m		m	11:00 AM	m	1.25	m	0.01	m		m		m		m	
3	М	0.39	10.52	19.00		m		m		m		m		m		m		m		m		m	
4	Tu	0.19	9.23	15.00		m		m		m		m		m		m		m		m		m	
5	W		8.78	24.00		m		m		m		m		m		m		m		m		m	
6	Th		9.07	15.00		m		m		m		m		m		m		m		m		m	
7	F	0.25	9.63	21.00		m		m		m		m		m		m		m		m		m	
8	Sa		8.39	13.00		m		m		m		m		m		m		m		m		m	
9	Su		8.09	12.00		m		m		m		m		m		m		m		m		m	
10	М		8.42	15.00		m		m		m		m		m		m		m		m		m	
11	Tu		8.04	13.00		m		m		m		m		m		m		m		m		m	
12	W	0.01	8.10	13.00		m		m		m		m		m		m		m		m		m	
13	Th	0.01	8.44	13.00		m		m		m		m		m		m		m		m		m	
14	F	0.78	12.86	33.00	1:00 AM	е	2.00	е	1.29	е	1:00 AM	m	1.75	m	0.02	m	2:00 AM	m	0.25	m	0.16	m	
15	Sa	0.27	7.97	14.00		m		m		m		m		m		m		m		m		m	
16	Su	0.10	12.33	33.00		m		m		m	6:16 PM	m	3.00	m	0.05	m	9:30 PM	m	0.25	m	0.02	m	
17	M	0.85	16.14	33.00	8:00 PM	е	2.50	е	3.45	е		m		m		m		m		m		m	
18	Tu	0.01	10.73	17.00		m		m		m		m		m		m		m		m		m	
19	W 		9.74	16.00		m		m		m		m		m		m		m		m		m	
21	Th		9.36	15.00		m		m		m		m		m		m		m		m		m	
22			9.62	15.00		m		m		m		m		m		m		m		m		m	
23	Sa		9.77	14.00		m		m		m		m		m		m		m		m		m	
24	Su		9.34	14.00 15.00		m		m		m		m		m		m		m		m		m	
25	Tu		9.42	24.00		m m		m m		m m		m m		m m		m m		m m		m m		m m	
26	W	0.24	9.70	16.00		m		m		m		m		m		m		m		m		m	
27	Th	U.Z.	8.55	13.00		m		m		m		m	1	m		m		m		m	-	m	
28	F		8.06	13.00		m		m		m		m	1	m		m		m		m	-	m	
29	Sa		7.68	13.00		m		m		m		m	<u> </u>	m		m		m		m		m	
30	Su	0.38	11.55	30.00		m		m		m		m		m		m		m		m		m	
31												m		m		m		m		m		m	
Totals		3.56					4.50		4.74				6.00		0.08				0.50		0.18		
Typed	or Printed	Name and	Title of P	rincipal Exe													Telephone						
I CER	TIFY UNDE	R PENAL	TY OF LA	W THAT TH				Public Work ATTACH		RE	PREPARED	UNDER I	MY DIREC	TIO	N OR SUPI	ERV	765 775-5145 VISION IN ACCORDANCE WITH A SYSTEM						
DESIG	NED TO AS YSTEM OR	SURE TH	AT QUALI ERSONS I	FIED PERS	ONNEL PR RESPONSIE	OPE BLE	FOR GAT	THER AND THERING T	EVALUATI HE INFOR	E TH	HE INFORM TION; THE I	ATION SU NFORMAT	BMITTED	. B	ASED ON M TED IS, TO	IYI THI	INQUIRY OF THE PERSONS WHO MANAG E BEST OF MY KNOWLEDGE AND BELIEF						
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Signat	ure of Princ	cipal Execu	utive Offic	er or Autho	orized Agen	it											Date						
l																	İ		2/24/200)6			



National Pollutant Discharge Elimination System (NPDES) CSO Discharge Monitoring Report (CSO DMR) State Form 50546 (R9-01) Additional Outfalls Page

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Monitoring Period: (MM/DD/YY to MM/DD/YY)						o 4/30/06	Check box if no CSO dischage occurre																				
	200 0 (2 !!!!							d/Metered	or Estimated (E) must be specified. (Plea						se attach methods used.)												
	_	CSO Outfall No.				006			ıtfall No.					utfall No.				CSO Outfall No.					T.,				
Day of	Day	Discharge	or -		or	Event Discharge	or	Discharge		Event Duration	M or			Discharge	or	Duration			M or		or -	Event Duration	M or	Event Discharge			
Mo. 1	Wk.		Е	(Hours)	Е	(MG)	Е	Began	Е	(Hours)	Е	(MG)	Е	Began	Е	(Hours)	E	(MG)	Е	Began	Е	(Hours)	Е	(MG)	Е		
2	Sa		m		m		m																\vdash		-		
3	Su		m		m		m																		-		
4	М		m		m		m																		-		
5	Tu	1	m		m		m																\vdash		+		
6	W	1	m		m		m																		-		
7	Th F		m		m		m																		-		
8	Ė		m		m		m																		-		
9	Sa		m		m		m																Н		+		
10	Su	1	m		m		m																		-		
11	M	1	m		m		m																Н	·	-		
12	Tu		m		m		m																		-		
13	W		m		m		m																		-		
14	Th F	1	m	0.75	m	0.00	m																		-		
15	Ė	2:00 AM		0.75	m	0.03	m																		-		
16	Sa	1	m		m	0.00	m																		-		
17	Su	9:30 AM		0.50	m	0.02	m																		-		
18	M		m		m		m																		-		
19	Tu		m		m		m																		-		
20	W	1	m		m		m																		-		
21	Th F	1	m		m		m																		-		
22	Ė		m		m		m																		-		
23	Sa		m		m		m																		-		
24	Su		m		m		m																		-		
25	M	l l	m		m		m																		-		
26	Tu	1	m		m		m																		-		
27	W		m		m		m																H		\vdash		
28	Th		m		m		m																H		-		
29	F		m		m		m							-									Н		-		
	Sa	l l	m		m		m																Н		+		
30	Su	l l	m		m		m																H		-		
31 Totals	<u> </u> s:		m	1.25	m	0.05	m			0.00		0.00				0.00		0.00				0.00		0.00	F		
		inted Name	and		Prin		itive	e Officer or	r Au		Age					2.22	<u> </u>	3.33		Telephone							
						D	avio	d A. Downe	y, P	ublic Work	s E	Director									-	765 775-5	514	5			
SYST PERS BEST	EM DE ONS V	SIGNED TO WHO MANAC	AS GE OGI	SSURE TH THE SYS' E AND BE	IAT TEN LIE	QUALIFIED OR THOSE F, TRUE, AG	PE E PI CCL	ERSONNEL ERSONS D JRATE, AN	PF IRE ID C	CTLY RESOMPLET	GA SP(E.	ATHER AND ONSIBLE F I AM AWA	OR OR RE	VALUATE T GATHERIN THAT THEF	HE IG 1 RE A	INFORMA	TIC RM	ON SUBMIT	IN.	SUPERVISION IN ACCORDANCE WITH A D. BASED ON MY INQUIRY OF THE NFORMATION SUBMITTED IS, TO THE FILES FOR SUBMITTING FALSE							
		f Principal E								2m=111										Date							
								.g												2/24/2006							